

Epidemiologi dan faktor risiko mortalitas syok septik pada anak = Epidemiology and mortality risk factor of septic shock in children

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Abstrak

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Latar belakang: Syok septik adalah penyebab utama morbiditas dan mortalitas pada anak. Sampai saat ini data epidemiologi dan faktor risiko mortalitas syok septik pada anak masih terbatas.

Tujuan: Mengetahui epidemiologi dan faktor risiko mortalitas syok septik pada anak.

Metode: Penelitian retrospektif dilakukan di RSUP DR. Sardjito dengan mencatat data rekam medis pasien anak dengan diagnosis syok septik periode 1 Nopember 2011 sampai 30 Juni 2014.

Hasil: Didapatkan 136 kejadian syok septik dalam kurun waktu pengambilan data. Median usia pasien adalah 16 bulan, 52.2% berjenis kelamin laki-laki dan 50% kejadian syok septik terjadi di PICU. Median skor awal PRISM III adalah 10 dan median skor awal PELOD adalah 22. Median hari perawatan di PICU adalah 4 hari. Mortalitas sebesar 88.2%. Pada tata laksana awal, 72.8% subyek harus mendapat terapi oksigen dengan ETT, 94,9% subyek mendapat antibiotik dalam waktu 1 jam pertama. Sebanyak 48.5% membutuhkan cairan kristaloid dan koloid dengan median jumlah 40 ml/kgbb. Median waktu yang diperlukan untuk menyelesaikan tata laksana cairan adalah 60 menit. Alasan penghentian terapi cairan resusitasi pada 44.8% subyek adalah karena sudah tidak respon cairan. Tunjangan ventilator mekanik dibutuhkan pada 79.4% dan katekolamin terbanyak yang dibutuhkan adalah dobutamin sebanyak 55.9% subyek. Median waktu tata laksana yang dibutuhkan sampai syok teratasi adalah 8 jam Prosentase fluid overload > 10% ditemukan pada 58.8% subyek. Dari multivariat analisis ditemukan faktor prediktor terjadinya kematian pada syok septik adalah FO >10% OR 6.69 (95% IK 1.35-33.21) dan diperlukannya tunjangan Ventilator Mekanik pada pasien syok septik yang menunjukkan tanda distress respirasi OR 16.38 (95% IK 2.69-99.66).

Simpulan Faktor risiko kematian syok septik pada anak dari penelitian ini adalah fluid overload dan penggunaan ventilator mekanik pada pasien syok septik yang menunjukkan tanda distress respirasi.

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ABSTRACT

Background: Shock is a major cause of morbidity and mortality in children. To date epidemiological data and predictors of mortality of septic shock in children is limited.

Objective: to know the epidemiology and mortality risk factor of septic shock in children

Methods: A retrospective study was conducted in DR. Sardjito general hospital with medical record data recorded diagnosis of septic shock in children period from 1 november 2011 to June 30, 2014.

Results: A total of 136 septic shock events in the period of data collection. The median age of patients was 16 months, 52.2% male sex and 50% incidence of septic shock occurred in the PICU. Median early PRISM III score was 10 and the median score was 22. The median initial PELOD day care in the PICU was 4 days. A mortality of 88.2%. At the initial steps, 72.8% of subjects received oxygen therapy with ETT, antibiotics within 1 hour of the first was done in 94.9% of subjects. A total of 48.5% in need of crystalloids and

colloids with a median amounts of 40 ml / kg. The median time required to complete the administration of fluids is 60 minutes. Reason for termination of resuscitation fluid therapy was 44.8% because had no response to fluid therapy. Mechanical ventilator allowance required at 79.4% and catecholamines most needed is dobutamine as 55.9%. Median time needed to overcome the shock is 8 hours. Percentage of fluid overload > 10% was found in 58.8% of subjects. Multivariate analysis of predictor factors for mortality found in septic shock is FO > 10% OR 6.69 (95% CI 1.35- 33.21) and the need for mechanical ventilaton support in patient with distress respiration OR 16.38 (95% IK 2.69-99.66).

Conclusion: Mortality risk factor of septic shock in children in this research is fluid overload.;Background: Shock is a major cause of morbidity and mortality in children. To date epidemiological data and predictors of mortality of septic shock in children is limited.

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